Name of the adult	
Service Provider	
Date of plan	

Section 1: Adult's details				
NDIS ID	Address			
Gender	Date of birth:	Country of birth:		
Phone number		Is this the adult's own phone?		
		YES/NO (delete as applicable)		
Email address		Is this the adult's own email?		
		YES/NO (delete as applicable)		
Type of residence		Length of time at this address		
Does the adult identify as Aboriginal or Torres Strait Islander?		Does the adult identify as being from a CALD background?		
Yes / No		Yes / No		

Section 2: Assessor's details		
Name	Profession	
Phone number	Email address	
Assessor's Qualifications		

Section 3: Communication					
	adult communicate?				
How does the	adult communicate?				
	_				
Section 4: Dec	cision Making				
Does the person receive informal decision-making support? Yes / No		If 'Yes' please complete contact details			
Name(s):			Contact details:		
Does the person have a QCAT appointed Guardian? Yes / No		If 'Yes' please include details about what they are appointed for / duration of appointment etc.			
Name(s):		Appointment details:			
,			1,550		
Section 5: Ped	ple consulted in relation to				
Name	Relationship to the adult	Contact details		Date consulted	Given copy of
	addit			Coriodited	plan?
	The Adult				Yes/no
					Yes/no
Views of people consulted					

Section 6: Skills assessment
Date of assessment
Details of the assessment process Please describe how the adult was assessed in relation to the following skill deficits and the outcomes of these assessments:
(a) The adult lacks road safety skills
(b) The adult is vulnerable to exploitation or abuse by others
(c) The adult is unable to find their way back to the premises Section 7: The strategies that will be used to develop the adult's skills in order to reduce the need
to lock the gates, doors or windows
Skill development strategy 1:
Please outline what strategies will be used to develop the adult's skills, how success will be measured, and when the skill development activity will be reviewed.
Skill development strategy 2:
Please outline what strategies will be used to develop the adult's skills, how success will be measured, and when the skill development activity will be reviewed.

Skill development strategy 3:

Please outline what strategies will be used to develop the adult's skills, how success will be measured, and when the skill development activity will be reviewed.
Please add more strategy boxes as required
Section 8: Locking the gates, doors or windows
The circumstances in which the gates, doors or windows will be locked
An explanation of why locking the gates, doors or windows is the least restrictive way of ensuring the safety of the adult
The procedure for using locked gates, doors or windows, including observations and monitoring that must happen to ensure the adult is safeguarded from abuse, neglect and exploitation
A description of the anticipated positive and negative effects on the adult of locking the gates, doors or windows
Positive:
Negative:
A description of the negative effects of locking the gates, doors or windows on any cotenants, and how these will be managed.

Section 9: Review				
Please document intervals at which this plan will be reviewed:				
Section 10: Endorsement				
Name				
Position				
Signature	Date			
Section 11: Approval				
Name				
Position				
Signature	Date			